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STATE OF SOUTH CARO  (Caption of Case)  Example: Application for a Clar  John Doe dba Doe's	ss C Charter Certificate from	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  )			
Vantyia Shir Garlands	e DBA	TRANSPORTATION COVER SHEET  DOCKET  NUMBER: 201-151-T  If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.			
as required by law. This form is	Ship Sciety Hill Rd.  General Hill Rd.  General Hill Rd.  General Hill Rd.  General	Telephone: 214-455-4037  Fax: Other: Email: ShineVantyia Qyaha Constacts nor supplements the filing and service of pleadings or other papers of Commission of South Carolina for the purpose of docketing and must			
be filled out completely.	NATURE OF ACTI	ON (Check all that apply)			
☐ Application – Class C T☐ ☐ Application – Class C C☐ ☐ Application – Class C C☐	Charter	Request to Amend Scope of Authority  Request to Amend Tariff (rate increase, etc.)  Request to Amend Passenger Limit			
☐ Application – Class C I ☐ Application – Class E I ☐ Application – Class E I	Household Goods	☐ Request ☐ Exhibit ☐ Late-Filed Exhibit ☐ Letter			
Application Request for Extension		Proposed Order			
Public Convenience ar Request for Cancellati Request for Suspensio	on	Reservation Letter Response Return to Petition			
Request for Reinstater  Request for Name Cha		Other:			

## REQUEST FOR EXTENSION TO COMPLY WITH ORDER (ORS Rev 3-2-10)

File the original with:	
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	Mail or fax a copy to:  S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
Class C Taxi	a Certificate of Public Convenience and Necessity    St 2014     for the following type of certificate:   ass C Charter Bus
Pursuant to that Order, the following carrier was Order to comply with the requirements of certific Please consider this as a request for an extension the following carrier to come into compliance.  EXTENSIONS ARE NOT EFFECTIVE UNTIL APCOMMISSION.	n until February 1st 2015
(Name of Company)  200 Society Hill Rd.  (Street Address)  (Mailin  City, State, Zip Code)	(if applicable)  Society Hill Rd. Darlington, Sc.  19 Address, City, State, Zip)  Martyn Mine (Signature)
(Telephone Number)  eason for Request for Extension to comply w	
vehical insurance and get	ting the unical ready